



**Mississippi**  
**Board of Examiners for Social Workers and Marriage & Family Therapists**  
 Post Office Box 4508 \* Jackson, MS 39296-4508  
 601-987-6806 \* Fax: 601-987-6808 \*  
[www.swmft.ms.gov](http://www.swmft.ms.gov) \* [info@swmft.ms.gov](mailto:info@swmft.ms.gov)

## Out-of-State Verification of Licensure

### **PART I – To be Completed by Applicant**

Applicant should complete Part I of this form and send to all licensing boards of the state or jurisdiction in which you have held a social work license. Once they complete Part II, this form should be forwarded to the address at the top of this form. I am applying for a license as a social worker in the State of Mississippi and hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or my practice.

Applicant's Signature: \_\_\_\_\_ Print Full Name: \_\_\_\_\_ Last four of SS No: \_\_\_\_\_

State verification is requested: \_\_\_\_\_ Mississippi License Applied for (select one):  LSW  LMSW  LCSW

### **Part II - To be Completed by Board or Regulatory Agency: Upon completion of this form by the Licensure/ Registration Authority please return directly to MBOESWMFT**

Name of Licensee: \_\_\_\_\_ Level of Licensure: \_\_\_\_\_ License No: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Is License Current? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Licensed by: ( ) ASWB Examination ( ) Grandfathering ( ) Reciprocity/Endorsement ( ) Other

Level of ASWB Exam: \_\_\_\_\_ Pass or Fail If grandfathered in, did licensee ever take the exam? \_\_\_\_\_

If other, please list name of exam? \_\_\_\_\_ Level: \_\_\_\_\_ Score: \_\_\_\_\_

If licensed at the LCSW level, was 2 years of clinical supervision completed? \_\_\_\_\_

If yes, please list the dates? From: \_\_\_\_\_ to \_\_\_\_\_ How many hours were completed? \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ License Number & Level: \_\_\_\_\_

Is License in Good Standing? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

Any derogatory information? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has License ever been suspended, revoked or restricted? \_\_\_\_\_ If yes, please attach copies of any actions.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Signature Printed Name Title*

\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_  
*Title of Board Phone Number*

**Board Seal**

\_\_\_\_\_  
*Date*